

3-7-07

JC498 U.S. PTO  
03/06/02

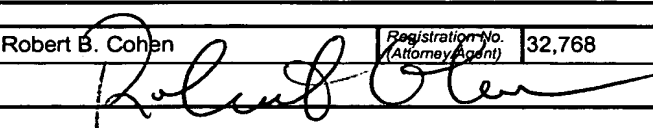
PTO  
03/06/02

Please type a plus sign (+) inside this box ☐

Approved for use through 10/31/2002. OMB 0651-0003  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

UTILITY PATENT APPLICATION TRANSMITTAL		Attorney Docket No. SCEIYO 3.0-119	
(Only for new nonprovisional applications under 37 CFR 1.53(b))		First Inventor Susumu Takatsuka	
		Title PROGRAM DISTRIBUTION SYSTEM	
		Express Mail Label No.	
APPLICATION ELEMENTS		ADDRESS TO: Commissioner for Patents Washington, DC 20231	
See MPEP chapter 600 concerning utility patent application contents.			
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original, and a duplicate for fee processing)		7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)	
2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.		8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)	
3. <input checked="" type="checkbox"/> Specification [Total Pages 55] (preferred arrangement set forth below) <ul style="list-style-type: none"><li>- Descriptive title of the invention</li><li>- Cross Reference to Related Applications</li><li>- Statement Regarding Fed sponsored R &amp; D</li><li>- Reference to sequence listing, a table, or a computer program listing appendix</li><li>- Background of the Invention</li><li>- Brief Summary of the Invention</li><li>- Brief Description of the Drawings (if filed)</li><li>- Detailed Description</li><li>- Claim(s)</li><li>- Abstract of the Disclosure</li></ul>		a. <input type="checkbox"/> Computer Readable Form (CRF)	
4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 16]		b. Specification Sequence Listing on: <ul style="list-style-type: none"><li>i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or</li><li>ii. <input type="checkbox"/> paper</li></ul>	
5. Oath or Declaration [Total Pages ] <ul style="list-style-type: none"><li>a. <input type="checkbox"/> Newly executed (original or copy)</li><li>b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 18 completed)<ul style="list-style-type: none"><li>i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</li></ul></li></ul>		c. <input type="checkbox"/> Statements verifying identity of above copies	
6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76		ACCOMPANYING APPLICATIONS PARTS	
18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No.: _____ Prior application information: Examiner _____ Group / Art Unit: _____		9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))	
For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.		10. <input type="checkbox"/> 37 CFR 3.73(b) Statement (when there is an assignee) <input type="checkbox"/> Power of Attorney	
19. CORRESPONDENCE ADDRESS		11. <input type="checkbox"/> English Translation Document (if applicable)	
<input checked="" type="checkbox"/> Customer Number or Bar Code Label		12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations	
000530		13. <input type="checkbox"/> Preliminary Amendment	
Name		14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)	
Address		15. <input checked="" type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)	
City		16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.	
State		17. <input checked="" type="checkbox"/> Other: Unexecuted Declaration	
Zip Code			
Country			
Telephone			
Fax			
Name (Print/Type) Robert B. Cohen		Registration No. (Attorney/Agent) 32,768	
Signature		Date March 6, 2002	

<b>FEE TRANSMITTAL for FY 2002</b>		<b>Complete if Known</b>																																											
<i>Patent fees are subject to annual revision.</i>		Application Number	Not Yet Assigned																																										
		Filing Date																																											
		First Named Inventor	Susumu Takatsuka																																										
		Examiner Name	Not Yet Assigned																																										
		Group Art Unit	N/A																																										
		Attorney Docket No.	SCEIYO 3.0-119																																										
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27																																													
<b>TOTAL AMOUNT OF PAYMENT</b> (\$) 992.00																																													
<b>METHOD OF PAYMENT</b> (check all that apply)		<b>FEE CALCULATION</b> (continued)																																											
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None		<b>3. ADDITIONAL FEES</b>																																											
<input checked="" type="checkbox"/> Deposit Account																																													
Deposit Account Number: 12-1095																																													
Deposit Account Name: Lerner, David, Littenberg, Krumholz & Mentlik, LLP																																													
The Commissioner is hereby authorized to: (check all that apply)																																													
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments																																													
<input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application																																													
<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.																																													
<b>FEE CALCULATION</b>																																													
<b>1. BASIC FILING FEE</b>																																													
<table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th>Large Entity</th><th>Small Entity</th><th>Fee Code</th><th>Fee (\$)</th><th>Fee Description</th><th>Fee Paid</th></tr></thead><tbody><tr><td>101</td><td>740</td><td>201</td><td>370</td><td>Utility filing fee</td><td>740.00</td></tr><tr><td>106</td><td>330</td><td>206</td><td>165</td><td>Design filing fee</td><td></td></tr><tr><td>107</td><td>510</td><td>207</td><td>255</td><td>Plant filing fee</td><td></td></tr><tr><td>108</td><td>740</td><td>208</td><td>370</td><td>Reissue filing fee</td><td></td></tr><tr><td>114</td><td>160</td><td>214</td><td>80</td><td>Provisional filing fee</td><td></td></tr><tr><td colspan="5" style="text-align: right;"><b>SUBTOTAL (1)</b></td><td>740.00</td></tr></tbody></table>		Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Description	Fee Paid	101	740	201	370	Utility filing fee	740.00	106	330	206	165	Design filing fee		107	510	207	255	Plant filing fee		108	740	208	370	Reissue filing fee		114	160	214	80	Provisional filing fee		<b>SUBTOTAL (1)</b>					740.00		
Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Description	Fee Paid																																								
101	740	201	370	Utility filing fee	740.00																																								
106	330	206	165	Design filing fee																																									
107	510	207	255	Plant filing fee																																									
108	740	208	370	Reissue filing fee																																									
114	160	214	80	Provisional filing fee																																									
<b>SUBTOTAL (1)</b>					740.00																																								
<b>2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE</b>																																													
<table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th>Large Entity</th><th>Small Entity</th><th>Fee Code</th><th>Fee (\$)</th><th>Fee Description</th><th>Fee Paid</th></tr></thead><tbody><tr><td>103</td><td>18</td><td>203</td><td>9</td><td>Claims in excess of 20</td><td></td></tr><tr><td>102</td><td>84</td><td>202</td><td>42</td><td>Independent claims in excess of 3</td><td></td></tr><tr><td>104</td><td>280</td><td>204</td><td>140</td><td>Multiple dependent claim, if not paid</td><td></td></tr><tr><td>109</td><td>84</td><td>209</td><td>42</td><td>** Reissue independent claims over original patent</td><td></td></tr><tr><td>110</td><td>18</td><td>210</td><td>9</td><td>** Reissue claims in excess of 20 and over original patent</td><td></td></tr><tr><td colspan="5" style="text-align: right;"><b>SUBTOTAL (2)</b></td><td>252.00</td></tr></tbody></table>		Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Description	Fee Paid	103	18	203	9	Claims in excess of 20		102	84	202	42	Independent claims in excess of 3		104	280	204	140	Multiple dependent claim, if not paid		109	84	209	42	** Reissue independent claims over original patent		110	18	210	9	** Reissue claims in excess of 20 and over original patent		<b>SUBTOTAL (2)</b>					252.00		
Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Description	Fee Paid																																								
103	18	203	9	Claims in excess of 20																																									
102	84	202	42	Independent claims in excess of 3																																									
104	280	204	140	Multiple dependent claim, if not paid																																									
109	84	209	42	** Reissue independent claims over original patent																																									
110	18	210	9	** Reissue claims in excess of 20 and over original patent																																									
<b>SUBTOTAL (2)</b>					252.00																																								
Total Claims: 16 -20** = 0 x 0.00 = 0.00																																													
Independent Claims: 6 -3** = 3 x 84.00 = 252.00																																													
Multiple Dependent: 0 x 0.00 = 0.00																																													
SUBTOTAL (3) (\$)		0.00																																											
*Reduced by Basic Filing Fee Paid																																													
SUBTOTAL (3) (\$)		0.00																																											
**or number previously paid, if greater; For Reissues, see above																																													
<b>SUBMITTED BY</b>		<b>Complete (if applicable)</b>																																											
Name (Print/Type): Robert B. Cohen		Registration No. (Attorney/Agent): 32,768	Telephone: (908) 518-6316																																										
Signature: 		Date: March 6, 2002																																											